

RESPIRATORY PROTECTION PROGRAM RECORD FOR ARMY SUPPORT

Name: (Last)	(First)	(Middle)	Phone:	Building:	Date:
E-mail address:			Office Code:	Job Title:	
Social Security Number:	MACOM:				
Name of Supervisor:			Supervisor's Phone:		
Industrial Hygienist Signature that Employee "Potential Occupational Exposure" is Accurate:			Recommended Type of Respirator (Occupational Health, Building 116; 876-8856 or 57):		

POTENTIAL OCCUPATIONAL EXPOSURE

CHEMICALS *(check if applicable)*

<input type="checkbox"/> Photographic	<input type="checkbox"/> Adhesives	<input type="checkbox"/> Isocyanates	<input type="checkbox"/> Formaldehyde	<input type="checkbox"/> Lubricants/Oils
<input type="checkbox"/> Paints	<input type="checkbox"/> Cryogenics	<input type="checkbox"/> Benzene	<input type="checkbox"/> Compressed Gas	<input type="checkbox"/> PCBs
<input type="checkbox"/> Solvents	<input type="checkbox"/> Fuels	<input type="checkbox"/> Plating/Surface Treatment Chemicals		
<input type="checkbox"/> Resins	<input type="checkbox"/> Ammonia	<input type="checkbox"/> Pesticides/Herbicides/Insecticides		
<input type="checkbox"/> Other <i>(Explain)</i> : _____				

Explain use: _____

METALS/DUSTS/FIBERS *(check if applicable)*

<input type="checkbox"/> Lead	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Soldering Fumes	<input type="checkbox"/> Nickel	<input type="checkbox"/> Beryllium
<input type="checkbox"/> Mercury	<input type="checkbox"/> Asbestos	<input type="checkbox"/> Chromium	<input type="checkbox"/> Arsenic	<input type="checkbox"/> Nuisance Dusts
<input type="checkbox"/> Cadmium	<input type="checkbox"/> Welding Fumes	<input type="checkbox"/> Silica/Abrasive Blasting Media		
<input type="checkbox"/> Other <i>(Explain)</i> : _____				

Explain use: _____

PHYSICIAN'S APPROVAL

Action Taken:	Type of Action:	Signature of Physician:	Date:
<input type="checkbox"/> <i>Approved</i>	<input type="checkbox"/> <i>Initial Issuance</i>		
<input type="checkbox"/> <i>Disapproved</i>	<input type="checkbox"/> <i>Annual Review</i>		
<input type="checkbox"/> <i>Use test required</i>			
<input type="checkbox"/> <i>Corrective lenses required</i>			

FUNDING INFORMATION

Funding for these services has been made to RASA.

Building 4488, Room A203
Phone Number: 876-7421
FAX Number: 842-2335

RASA Verification Signature

Date

